

Mountain Creek Resort Adaptive Sports Program at Mountain Creek

Skier Application

Today's Date _____ / _____ / _____

I am a Military Veteran

Name

Last First Initial

Address

Street

City State Zip

Contact Info

Primary Phone Number Home Cell Work

Alternate Phone Number Home Cell Work

email Address Print Clearly!
email _____

Gender Male Female

Date of Birth Age

Emergency Contact

Name Primary Phone Number Alternate Phone Number

Home Cell Work

Disability

SCI CVA/Head Injury
 Cerebral Palsy Blind/Visual
 Amputee Other _____
 MS

Height/Weight

Height Weight

Parent/Guardian
(if under 18)

Does the participant have a legal guardian or legal representative? Yes No
 If the answer is YES, the participant's legal guardian or legal representative must sign the waiver & release of liability agreement on behalf of the participant (on reverse of this page).

Parent/Guardian Name & Phone

Name Primary Phone Number Alternate Phone Number

Home Cell Work

(Please Fill out Reverse)

____/____/____
Today's Date

Disability Evaluation

Adaptive Sports Program at Mountain Creek

Name _____
Last First Initial

Age _____
Date of Birth Male Female _____
Date of Injury/Onset

Disability SCI Level _____
 Complete
 Incomplete
 Amputee _____
 CVA
 R hemi
 L hemi
 Other

CP Type _____
 Hemi _____
 Lower _____
 Upper _____
 Single _____
 TBI
 R Hemi _____
 L Hemi _____
 Other _____
Cognition _____ Describe _____

Other Disabilities or _____
Additional Comments: _____

Seizures Yes Grand Mal Controlling Med: _____
 No Petit Mal _____
Date Last Seizure _____

Medications _____

Physician _____
Name Phone

Disability Evaluation

Initial Assessment & Lesson

Use this page for first lesson of season.

Alerts & Cautions

Date: _____

Student Name: _____

Evaluators: _____

Capacity

- **Physical:** strength, balance, stance, gait...
- **Attitude:** motivated, fearful, happy, oppos...
- **Intellectual:** awareness, language, memory...
- Other Observations

Details

Describe what is impacted.

Lesson Input

Instructors: Primary _____ Secondaries _____

Lesson Goals

Today _____

Longterm: _____

Today's lesson goals achieved? Yes No Partial _____

Starting Skill Level: 1 2 3 4 5 6 7 8 9

Equipment

Equipment: Owns Rents

Mono Ski Bi-Ski:

model _____ # _____

color _____ snow ski: _____

Outriggers # _____

Rentals #/size _____

Ski Bra type _____

Tether _____

Details

Describe settings, modifications, seating adj., issues, & other pertinent information helpful to lessons.

Lesson Outcomes

Progression (worked on today)

- Equipment/Flatland Drills
- Gliding Wedge
- Wedge Turn - 1 Direction
- Linked Turns (circle):
Wedge/W. Christie/Open Parallel/Parallel

Skills (worked on today)

- Balance
- Rotary Movements
- Edge Control
- Pressure Control

Chairlift Load/Unload

- Assist Independent

Environment

Snow Conditions _____

Trails/# Runs _____

Skier Level 1 2 3 4 5 6 7 8 9

Duration _____

Details

What you did out there.

Progression & Skill Development (focus on teaching, teaching adaptations, tricks, etc.).

Next time (things to try, what needs reinforcement, what can be progressed, things to be aware of).

Lesson Notes

Date: _____ Student Name: _____

Lesson Input

Instructors: Primary _____ Secondaries _____

Goals Today _____

Today's lesson goals achieved? Yes No Partial _____

Starting Skill Level: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Equipment

Mono Ski Bi-Ski:
model _____ # _____
color _____ snow ski: _____
Outrigger # _____
Rentals #/size _____
Ski Bra Type _____
Tether _____

Lesson Outcomes

Progression (worked on today)
 Equipt./Flatland Drills Gliding Wedge
 Wedge Turn - 1 Direction
 Linked Turns (circle):
Wedge/W. Christie/Open Parallel/Parallel
Skills (worked on today)
 Balance Rotary Movements
 Edge Control Pressure Control
Skier Level ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Chairlift Load/Unload
 Assist Independent

Environment

Snow Condition _____ Trails/# Runs _____ Duration _____

Describe settings, modifications, seating adj., issues, & other pertinent information helpful to lessons.

Progression & Skill Development (focus on teaching, teaching adaptations, tricks, etc.).

Next time (things to try, what needs re-enforcement, what can be progressed, things to be aware of).

Details

Lesson Input

Date: _____ Instructors: Primary _____ Secondaries _____

Goals Today _____

Today's lesson goals achieved? Yes No Partial _____

Starting Skill Level: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Equipment

Mono Ski Bi-Ski:
model _____ # _____
color _____ snow ski: _____
Outrigger # _____
Rentals #/size _____
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Tether _____

Lesson Outcomes

Progression (worked on today)
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 Edge Control Pressure Control
Skier Level ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Chairlift Load/Unload
 Assist Independent

Environment: Snow Condition _____ Trails/# Runs _____ Duration _____

Describe settings, modifications, seating adj., issues, & other pertinent information helpful to lessons.

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Next time (things to try, what needs reinforcement, what can be progressed, things to be aware of).

Details